



Grief Support Group Adult Enrollment Form

Name _____ Sex: M or F

Address _____

City/State/Zip _____

Do you live within St. Louis City Limits? Yes No

If not, in what county do you live? _____

Phone: (Home) _____ (Work) _____

(Cell) _____

E-Mail address: _____

Place of Employment: _____

Who will be attending the support groups with you?	Your Relationship to him/her
_____	_____
_____	_____
_____	_____
_____	_____

Background information on the deceased individual(s).

Full Name: _____

His/Her relationship to you: _____

What is your relationship to him/her? _____

Date of Birth: _____ Date of Death: _____

Former Place of Employment (if applicable): _____

Nature of Death: please check all that apply

- Short Illness Accident Suicide Cancer
 Long Illness Murder Heart Attack Other (please explain below)

Please give a brief account of the death.

Please list **your** prior loss experiences (death, divorce, separation, job losses, physical abilities, unfulfilled dreams, etc.)

Please briefly describe your relationship with your child or each of your children. How well do you communicate, have there been changes since your loved one's death, etc?

Have **you** ever been involved in any other support group or participated in any professional counseling? If so, please explain:

Since your loved one's death, what has been the most difficult for **you**?

Right now, what is the hardest part for **you** since your loved one's death?

What do **you** hope to gain from attending the support groups?

Please share with us any social, emotional, physical or psychological struggles/challenges/limitations that you are experiencing now or in the past.

Are you allergic or fearful of dogs? Yes No

To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations. To do so, we need answers to the following two questions. Please remember your answers are strictly confidential.

Do you belong to an organized religion? YES____ NO____
If so, please name the religion: _____

Please check your race/ethnic background (check as many as needed):
African-American _____ Caucasian _____ Hispanic _____ Asian _____
Native American Indian _____ Other _____

Do you have insurance coverage? Yes No
If yes, is it Medicaid? YES____ NO____
Does it include mental health coverage? Yes No

Will your family be joining us for pizza and drink from 5:45 to 6:25 P.M. before each group night?
Yes No Sometimes

If sometimes, will you join us for pizza the first night of support groups? Yes No

Your Signature _____ **Date** _____

Signature of Director/Facilitator _____ **Date** _____

*****If you have a teen, 13 years of age or older, there is a section on the
Teen Enrollment Form for you to complete.**

PLEASE MAIL OR FAX THE COMPLETED FORMS BACK TO:

Annie's Hope
1333 W. Lockwood, Ste. 104
Glendale, MO 63122
annieshope.ali@gmail.com

314-965-5015 (Office)
217-419-2338 (Cell)
314-918-1438 (Fax) or 314-965-8466 (Fax)

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